

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Crossroads

ADDRESS (number and street)

1401 New York Avenue

NW Suite 1200

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00487363

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2010

through

08

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margee Clancy

Signature of Treasurer

Electronically Filed by Margee Clancy

Date

09

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 36

Write or Type Committee Name
American Crossroads

Report Covering the Period:

From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	0.00
(b) Cash on Hand at Beginning of Reporting Period	5291987.50	
(c) Total Receipts (from Line 19)	2642687.02	7934674.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7934674.52	7934674.52
7. Total Disbursements (from Line 31)	772597.50	772597.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7162077.02	7162077.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 36

Write or Type Committee Name
American Crossroads

Report Covering the Period:

From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2639052.02	7931039.52
(ii) Unitemized	3635.00	3635.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2642687.02	7934674.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2642687.02	7934674.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2642687.02	7934674.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2642687.02	7934674.52

DETAILED SUMMARY PAGE

of Disbursements

4 / 36

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	318255.70	318255.70	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	318255.70	318255.70	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	454341.80	454341.80	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	772597.50	772597.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	772597.50	772597.50	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 36

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2642687.02	7934674.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2642687.02	7934674.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	318255.70	318255.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	318255.70	318255.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

CARLOS AYALA

Mailing Address 1529 WOODLAND RD.

City

SALISBURY

State

MD

Zip Code

21801

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERDUE FARMS

Occupation

VP INTERNATIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 1 0

Transaction ID: SA11.208

Amount of Each Receipt this Period

202.02

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NELDA BARTON-COLLINGS

Mailing Address 1311 SEVENTH STREET ROAD

City

CORBIN

State

KY

Zip Code

40701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 1 0

Transaction ID: SA11.146

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

SUSAN CARUSI

Mailing Address P.O. BOX 203

City

MILL NECK

State

NY

Zip Code

11765

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11.164

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3702.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

FRANK DELFER

Mailing Address 5180 STIRLING ST.

City

GRANITE BAY

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
DST OUTPUT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11.166

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CRAIG DOBLER

Mailing Address 13249 HOLMES PT DR NE

City

KIRKLAND

State

WA

Zip Code

98034

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOBLER LAW GROUP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11.183

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DONALD DORN

Mailing Address USF-I J7 RE

City

APO

State

AE

Zip Code

09342

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPARTMENT OF DEFENSE

Occupation

SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: SA11.199

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

LUKE FICHTHORN, III

Mailing Address 430 COCONUT PALM ROAD

City

VERO BEACH

State

FL

Zip Code

32963

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11.169

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SAM FOX

Mailing Address 7701 FORSYTH BLVD.
STE. 600

City

ST. LOUIS

State

MO

Zip Code

63105-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HARBOUR GROUP LIMITED

Occupation
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11.122

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WILLIAM HARTE

Mailing Address 20742 STONE OAK PARKWAY
#107

City

SAN ANTONIO

State

TX

Zip Code

78258-7538

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11.131

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

75250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

JOHN HENNELLY

Mailing Address 1457 ENCINA ROAD

City

SANTA FE

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIDELITY NATIONAL FINANCIAL

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11.144

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DWIGHT HOLM

Mailing Address 749 MARSOLAN AVE

City

SOLANA BEACH

State

CA

Zip Code

92075

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 1 0

Transaction ID: SA11.174

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DWIGHT HOLM

Mailing Address 749 MARSOLAN AVE

City

SOLANA BEACH

State

CA

Zip Code

92075

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: SA11.202

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

JOAN V. HORNER

Mailing Address 13 DOWNS LAKE CIRCLE

City

DALLAS

State

TX

Zip Code

75230-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIER DESIGNSOccupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11.132

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PAUL JACROUX

Mailing Address 925 5TH AVE
D-1

City

KIRKLAND

State

WA

Zip Code

98033

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: SA11.191

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RONALD JAMES

Mailing Address 9 BURTON VISTA COURT

City

LAFAYETTE

State

CA

Zip Code

94549

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: SA11.187

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

THOMAS E. JECKERING

Mailing Address 7720 MAYFIELD ROAD

City

GATES MILLS

State

OH

Zip Code

44040-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	0

Transaction ID: SA11.127

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CARY KATZ

Mailing Address 9021 GROVE CREST LN

City

LAS VEGAS

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLLEGE LOAN CORPORATIONOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: SA11.141

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ALAN KORS

Mailing Address 410 BRIARWOOD ROAD

City

WALLINGFORD

State

PA

Zip Code

19086

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PENNSYLVANIAOccupation
COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	0

Transaction ID: SA11.205

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

35250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)
EDWARD MELENDEZ

Mailing Address 8800 SOMERSET BLVD

City State Zip Code
PARAMOUNT CA 90723

FEC ID number of contributing
federal political committee.

C

Name of Employer
EHA FM INC

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11.158

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ARTHUR MILAM

Mailing Address P.O. BOX 446

City State Zip Code
PONTE VEDRA BEACH FL 32004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 1 0

Transaction ID: SA11.150

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ARTHUR MILAM

Mailing Address P.O. BOX 446

City State Zip Code
PONTE VEDRA BEACH FL 32004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 1 0

Transaction ID: SA11.151

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

TERESA MILAM

Mailing Address P.O. BOX 446

City

PONTE VEDRA BEACH

State

FL

Zip Code

32004

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 1 0

Transaction ID: SA11.149

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MILFORD MILLER

Mailing Address 621 CHASE CREEK RUN

City

FORT WAYNE

State

IN

Zip Code

46804

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 1 0

Transaction ID: SA11.180

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WENDY MOODIE

Mailing Address 8757 ENCINO AVENUE

City

NORTHRIDGE

State

CA

Zip Code

91325

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARADIGM SHIFT WORLDWIDE

Occupation

EVENT PRODUCER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11.157

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

JOEY O. NEUHOFF, III

Mailing Address 61 COLTON CIRCLE

City

WEST ORANGE

State

NJ

Zip Code

07052-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covanta Energy

Occupation

Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11.134

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT ORR

Mailing Address 6628 CARSTON CT

City

NORTH RICHLAND HIL

State

TX

Zip Code

76180

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST CASH FINANCIAL SERV-
ICES, INC.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11.140

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DOUG PETERSEN

Mailing Address 1500 BAY RD
APT 960

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIDGE SOLUTIONS

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 1 0

Transaction ID: SA11.206

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

JOHN M. PETERMAN

Mailing Address 615 E BROOKSIDE DRIVE

City

CROWN POINT

State

IN

Zip Code

46307-4369

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHITE PETERMAN PROPERTIES

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11.138

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AUGUSTA PETRONE

Mailing Address P.O. BOX 1037

City

DUBLIN

State

NH

Zip Code

03444

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11.192

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DOUGLAS R. RALSTON

Mailing Address PO BOX 29188

City

DALLAS

State

TX

Zip Code

75229-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer

RALSTON INVESTMENT

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11.125

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

70250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

TREVOR D. REES-JONES

Mailing Address 1500 SHERRY LANE

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHIEF OIL & GAS

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11.128

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ANDREW RICHARDSON

Mailing Address 40 CENTRAL PARK SOUTH
APT. 19C

City

NEW YORK

State

NY

Zip Code

10019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHSTAR REALTY FINANCE
CORP.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 1 0

Transaction ID: SA11.159

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT B. ROWLING

Mailing Address 600 EAST LAS COLINAS BLVD.
STE. 1900

City

IRVING

State

TX

Zip Code

75039-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRT HOLDINGS INC.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11.124

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2001000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

DONALD G. STEWART

Mailing Address 32519 GREEN BEND CT.

City

MAGNOLIA

State

TX

Zip Code

77354-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEWART BUILDERS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11.136

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ALAIN SUNIER

Mailing Address 29 VILAGE LANE

City

BRONXVILLE

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
HIGHBRIDGE CAPITAL MANAGE-
MENT

Occupation
MONEY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 1 0

Transaction ID: SA11.173

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOSEPH SWEENEY

Mailing Address 18 BEN ARTHURS WAY

City

DOVER

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11.168

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

LYNNE J. TOMENY

Mailing Address 180 NOD HILL ROAD

City

WILTON

State

CT

Zip Code

06897-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEREX CORP.

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11.139

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

ROBERT TRACCI

Mailing Address 6150 FABER RD.

City

FABER

State

VA

Zip Code

22938

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPT OF JUSTICE

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA11.212

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DANIEL B. WEBSTER

Mailing Address 8552 LAGOON ROAD

City

FORT MYERS BEACH

State

FL

Zip Code

33931-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 1 0

Transaction ID: SA11.129

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.

Full Name (Last, First, Middle Initial)

WILLIAM P. WEIDNER

Mailing Address 9711 ORIENT EXPRESS COURT

City

LAS VEGAS

State

NV

Zip Code

89145-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	0

Transaction ID: SA11.135

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DENNIS WILSON

Mailing Address 3671 S ATHERTON BLVD

City

GILBERT

State

AZ

Zip Code

85297

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: SA11.142

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

AMERICAN FINANCIAL GROUP, INC.

Mailing Address PO BOX 806

City

CINCINNATI

State

OH

Zip Code

45201-0806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	2	/	2	0	1	0

Transaction ID: SA11.121

Amount of Each Receipt this Period

400000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

405250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

A.Full Name (Last, First, Middle Initial)
DANIELS MANUFACTURING CORP.

Mailing Address P.O. BOX 593872

City	State	Zip Code
ORLANDO	FL	32859-3872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

Transaction ID: SA11.130

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

2639052.02

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)

Anne Byersdorfer

Mailing Address 6211 Wedgewood Road

City State Zip Code
Bethesda MD 20817

Purpose of Disbursement
Consulting, media

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.1

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

6250.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Collegio

Mailing Address 421 E Columbia Street

City State Zip Code
Falls Church VA 22046

Purpose of Disbursement
Reimbursement, Metro

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.2

Date of Disbursement

08 / 09 / 2010

Amount of Each Disbursement this Period

135.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Collegio

Mailing Address 421 E Columbia Street

City State Zip Code
Falls Church VA 22046

Purpose of Disbursement
Payroll

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.3

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

3571.39

SUBTOTAL of Disbursements This Page (optional)

9956.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Jonathan Collegio Mailing Address 421 E Columbia Street	Transaction ID: SB21B.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 1 0</div> </div>
City Falls Church State VA Zip Code 22046 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>3207.89</div>
B. Full Name (Last, First, Middle Initial) Paula Edwards Mailing Address 1200 G Street, NW Ste. 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Consulting, compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>400.00</div>
C. Full Name (Last, First, Middle Initial) Andrew Finnan Mailing Address 4800 9th Street, N #6 City Arlington State VA Zip Code 22203 Purpose of Disbursement Consulting, media Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>3750.00</div>

SUBTOTAL of Disbursements This Page (optional)

7357.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)

Leslie Hagar

Mailing Address 234 Justice Ct., NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Payroll

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

959.03

B.

Full Name (Last, First, Middle Initial)

Leslie Hagar

Mailing Address 234 Justice Ct., NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Payroll

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.8

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

959.02

C.

Full Name (Last, First, Middle Initial)

Steven Law

Mailing Address 7726 Falstaff Road

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Reimb., travel parking

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

1938.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
Steven Law

Mailing Address 7726 Falstaff Road

City McLean State VA Zip Code 22102

Purpose of Disbursement
Reimb., mtg. food & bev.

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.11

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

97.68

B.

Full Name (Last, First, Middle Initial)
Steven Law

Mailing Address 7726 Falstaff Road

City McLean State VA Zip Code 22102

Purpose of Disbursement
Payroll

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

6875.60

C.

Full Name (Last, First, Middle Initial)
Steven Law

Mailing Address 7726 Falstaff Road

City McLean State VA Zip Code 22102

Purpose of Disbursement
Payroll

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

7193.11

SUBTOTAL of Disbursements This Page (optional)

14166.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Chris McInerney	Transaction ID: SB21B.13 Date of Disbursement																				
Mailing Address 2914 S Buchanan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">3793.79</td> </tr> </table>	3793.79																			
3793.79																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type	000																			
000																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Chris McInerney	Transaction ID: SB21B.14 Date of Disbursement																				
Mailing Address 2914 S Buchanan Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	1	0												
City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">3793.80</td> </tr> </table>	3793.80																			
3793.80																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type	000																			
000																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kelly Nallen	Transaction ID: SB21B.15 Date of Disbursement																				
Mailing Address 16 5th Street, SE #201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">561.38</td> </tr> </table>	561.38																			
561.38																					
Candidate Name	<table border="1"> <tr> <td>000</td> </tr> </table> Category/ Type	000																			
000																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8148.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
Kelly Nallen

Mailing Address 16 5th Street, SE
#201

City Washington State DC Zip Code 20003

Purpose of Disbursement
Payroll

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.16

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

561.38

B.

Full Name (Last, First, Middle Initial)
Sam Olswanger

Mailing Address 1691 Bryn Mawr Court

City Germantown State TN Zip Code 22206

Purpose of Disbursement
Payroll

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.17

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1425.77

C.

Full Name (Last, First, Middle Initial)
Christopher Yablonski

Mailing Address 701 22nd Street South

City Arlington State VA Zip Code 22202

Purpose of Disbursement
Consulting, communications

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.18

Date of Disbursement

08 / 30 / 2010

Amount of Each Disbursement this Period

564.52

SUBTOTAL of Disbursements This Page (optional)

2551.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) ACCION International	Transaction ID: SB21B.19 Date of Disbursement																				
Mailing Address 1401 New York Avenue, NW Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office rent, security deposit Candidate Name	<table border="1"> <tr> <td colspan="10">12500.00</td> </tr> </table>	12500.00																			
12500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ACCION International	Transaction ID: SB21B.20 Date of Disbursement																				
Mailing Address 1401 New York Avenue, NW Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	1	0												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office rent Candidate Name	<table border="1"> <tr> <td colspan="10">4500.00</td> </tr> </table>	4500.00																			
4500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Black Rock Group LLC	Transaction ID: SB21B.21 Date of Disbursement																				
Mailing Address 66 Canal Center Plaza Ste. 555	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement Consulting, political Candidate Name	<table border="1"> <tr> <td colspan="10">7627.00</td> </tr> </table>	7627.00																			
7627.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

24627.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Carefirst, Blue Cross Blue Shield <hr/> Mailing Address PO Box 79749	Transaction ID: SB21B.22 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	1	0			
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		2	0		2	0	1	0															
City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2574.00</td> </tr> </table> <table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	2574.00	000	Category/ Type																				
2574.00																								
000																								
Category/ Type																								
B. Full Name (Last, First, Middle Initial) Clark Schaefer Hackett <hr/> Mailing Address 160 North Breiel Blvd. City Middleton State OH Zip Code 45042 Purpose of Disbursement Payroll processsing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.23 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>80.00</td> </tr> </table> <table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0	80.00	000	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		1	3		2	0	1	0															
80.00																								
000																								
Category/ Type																								
C. Full Name (Last, First, Middle Initial) Clark Schaefer Hackett <hr/> Mailing Address 160 North Breiel Blvd. City Middleton State OH Zip Code 45042 Purpose of Disbursement Payroll processsing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.24 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>80.00</td> </tr> </table> <table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0	80.00	000	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		3	1		2	0	1	0															
80.00																								
000																								
Category/ Type																								

SUBTOTAL of Disbursements This Page (optional)

2734.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) DL and CO LLC	Transaction ID: SB21B.25																				
Mailing Address 2440 N Edgewood Street	Date of Disbursement																				
City State Zip Code Arlington VA 22207	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
Purpose of Disbursement Consulting, development	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																			
000																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Financial Agent	Transaction ID: SB21B.26																				
Mailing Address PO Box 970030	Date of Disbursement																				
City State Zip Code St. Louis MO 63197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">5067.66</td> </tr> </table>	5067.66																			
5067.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																			
000																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) Financial Agent	Transaction ID: SB21B.27																				
Mailing Address PO Box 970030	Date of Disbursement																				
City State Zip Code St. Louis MO 63197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	1	0												
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period																				
Candidate Name	<table border="1"> <tr> <td colspan="10">5544.97</td> </tr> </table>	5544.97																			
5544.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<table border="1"> <tr> <td>000</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	000	Category/ Type																			
000																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

18112.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
FLS Connect

Mailing Address 7300 Hudson Blvd.
Ste. 270

City State Zip Code
St. Paul MN 55128

Purpose of Disbursement
Conference calls

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.28

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

309.53

B.

Full Name (Last, First, Middle Initial)
iContribute

Mailing Address PO Box 8522

City State Zip Code
Falls Church VA 22041

Purpose of Disbursement
Website contribution processing

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.29

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

3286.49

C.

Full Name (Last, First, Middle Initial)
LEXIS NEXIS

Mailing Address PO Box 7247-7090

City State Zip Code
Philadelphia PA 19170-7090

Purpose of Disbursement
Online, research

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.30

Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

954.00

SUBTOTAL of Disbursements This Page (optional)

4550.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MB Public Affairs</p> <p>Mailing Address 1215 K Street #790</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Research Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31</p> <p>Date of Disbursement 08 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p>000 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MB Public Affairs</p> <p>Mailing Address 1215 K Street #790</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Research Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.32</p> <p>Date of Disbursement 08 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>000 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MDC & Associates, Inc.</p> <p>Mailing Address 1701 Esquire Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Bookkeeping & compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33</p> <p>Date of Disbursement 08 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 2523.63</p> <p>000 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

22523.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A.

Full Name (Last, First, Middle Initial)
Mentzer Media Services, Inc.

Mailing Address 600 Fairmont Avenue
Ste. 306

City Towson State MD Zip Code 21286

Purpose of Disbursement
Deposit, Media Placement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.44

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

440000.00

B.

Full Name (Last, First, Middle Initial)
Mentzer Media Services, Inc.

Mailing Address 600 Fairmont Avenue
Ste. 306

City Towson State MD Zip Code 21286

Purpose of Disbursement
See Schedule E

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.45

Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

-440000.00

C.

Full Name (Last, First, Middle Initial)
Old Dominion Research Group

Mailing Address PO Box 151444

City Alexandria State VA Zip Code 22315

Purpose of Disbursement
Research Services

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34

Date of Disbursement

08 / 09 / 2010

Amount of Each Disbursement this Period

12500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: SB21B.35 Date of Disbursement
Mailing Address 214 North Fayette St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Survey & polling Candidate Name	<div> <div>82500.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>000</div> <div>Category/Type</div> </div>
B. Full Name (Last, First, Middle Initial) Response America	Transaction ID: SB21B.36 Date of Disbursement
Mailing Address 211 North Union St. Ste. 200	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Donor solicitation, production Candidate Name	<div> <div>14184.96</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>000</div> <div>Category/Type</div> </div>
C. Full Name (Last, First, Middle Initial) Rock Creek Advisors LLC	Transaction ID: SB21B.37 Date of Disbursement
Mailing Address PO Box 4963	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
Purpose of Disbursement Consulting, development Candidate Name	<div> <div>7725.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>000</div> <div>Category/Type</div> </div>

SUBTOTAL of Disbursements This Page (optional)

104409.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial) RST Marketing	Transaction ID: SB21B.38 Date of Disbursement																				
Mailing Address 1272 Corporate Park Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	1	0												
City Forest State VA Zip Code 24551	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donor solicitation, postage Candidate Name	<table border="1"> <tr> <td colspan="10">7560.00</td> </tr> </table>	7560.00																			
7560.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) The Tarrance Group	Transaction ID: SB21B.39 Date of Disbursement																				
Mailing Address 201 N Union St. Ste. 410	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement Survey & Polling Candidate Name	<table border="1"> <tr> <td colspan="10">21266.00</td> </tr> </table>	21266.00																			
21266.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Virginia Department of Taxation	Transaction ID: SB21B.40 Date of Disbursement																				
Mailing Address PO Box 27264	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	1	0												
City Richmond State VA Zip Code 23261	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll taxes Candidate Name	<table border="1"> <tr> <td colspan="10">1026.55</td> </tr> </table>	1026.55																			
1026.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

29852.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Crossroads

A. Full Name (Last, First, Middle Initial)
Virginia Department of Taxation

Mailing Address PO Box 27264

City Richmond State VA Zip Code 23261

Purpose of Disbursement

Payroll taxes

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.41

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1026.55

B. Full Name (Last, First, Middle Initial)
Voter Consumer Research

Mailing Address 501 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Survey & polling

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.42

Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

46050.00

C. Full Name (Last, First, Middle Initial)
XIGENT, Inc.

Mailing Address PO Box 320129

City Alexandria State VA Zip Code 22320

Purpose of Disbursement

Website maintenance & support

Candidate Name

000

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District: 00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.43

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

7750.00

SUBTOTAL of Disbursements This Page (optional)

54826.55

TOTAL This Period (last page this line number only)

318255.70

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 36 / 36

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER C C00487363	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cicero Media		Date M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	
Mailing Address 1625 Eye Street, NW 6th Floor		Amount 14341.80	
City State Zip Code Washington DC 20006		Transaction ID: SE.004	
Purpose of Expenditure Television media production		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 454341.80		2010	
Full Name (Last, First, Middle, Initial) of Payee Mentzer Media Services Inc.		Date M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	
Mailing Address 600 Fairmont Avenue Ste. 306		Amount 440000.00	
City State Zip Code Towson MD 21286		Transaction ID: SE.005	
Purpose of Expenditure TV/media placement		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rob Portman		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 454341.80		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		454341.80	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		454341.80	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Margee D. Clancy Signature		Date M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 0	